

Termination retirement statement and release

Required submission with application for termination retirement benefits

SECTION 1

APPLICANT DATA

a) Social Security number XXX-XX-XXXX	<input type="text"/>	
b) MTRS member number, if known.	<input type="text"/>	Not known
c) Name Last	<input type="text"/>	
First	<input type="text"/>	MI <input type="text"/>
d) Gender	M F	
e) Former/maiden name, if applicable	<input type="text"/>	Not applicable
f) Date of birth mm/dd/yyyy	<input type="text"/>	
g) Mailing address Number and street	<input type="text"/>	
City	<input type="text"/>	State <input type="text"/> ZIP <input type="text"/>
h) Home phone number	<input type="text"/> - <input type="text"/>	
i) Daytime phone number	<input type="text"/> - <input type="text"/>	ext. <input type="text"/>
j) Former employer	<input type="text"/>	

SECTION 2

REASON(S) FOR TERMINATION

Please describe the reason(s) for your termination from service on which you are basing your application for termination retirement benefits. If necessary, attach additional sheets.

SECTION 3

APPLICANT'S STATEMENT, AUTHORIZATION FOR RELEASE OF RECORDS AND SIGNATURE

I, the above-named applicant for termination retirement benefits, certify under the penalties of perjury that the statements made herein, and on the materials accompanying this statement, if any, are true and accurate to the best of my knowledge and belief.

Additionally, I hereby authorize:

- the Massachusetts Teachers' Retirement System to submit this release to, and to request all applicable records from, my former employer named above; and,
- my former employer named above to release to the Massachusetts Teachers' Retirement System any and all information, reports and records it may have in my personnel file, or in any other file pertaining to my employment. The scope of this authorization includes the release and copying of such information, including but not limited to: my performance evaluations for the last three years, any settlement agreements, any correspondence or documents related to my employment.

A photocopy of this document, including my signature, shall be as valid and effective as the original.

Applicant's
Signature

Date